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ABSTRACT

The importance of health and its relationship to personal and community life are explored in this issue of PROBE. Designed to acquaint British secondary school youth with topical problems, the series contains discussion and case studies of national and world issues, followed by questions for student discussion and research. Nine chapters comprise this issue on health. A review of the history of medicine shows that progress in prevention and treatment of disease was limited before 1800. Since then, increases in research, and improvements in cleanliness and nutrition have dramatically contributed toward improved health in Britain and in the world. However, inequalities still exist in health care funding and facilities. Poverty, malnutrition, and illiteracy must be overcome on a world scale to promote understanding of the causes and preventions of disease. Case studies in India, South America, and China illustrate effective rural education projects to help peasants become more self-reliant in reducing disease. Community planning and family support are crucial to health. Unequal land ownership and overpopulation in many developing countries must be overcome. The author believes World Bank calculations show that if 5% less were spent on world armaments by all nations, that money could provide significantly better food, water, housing, and education on a world scale for the next ten years. (AV)

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PROBE is published by C.E.M. as part of its service to Secondary Education and the Youth Service. PROBES present, in a provocative form, information and discussion material on topical themes aiming to open areas for further "probing".

The views expressed by the authors are not necessarily those of the editor or of C.E.M. as a whole.

This PROBE, "Health" was written by DR. ROY BILLINGTON, Medical Secretary of the Church Missionary Society and previously a doctor in Uganda. For Chapter 2 Dr. Billington was helped by Dr. John Parry of Preston.

This PROBE explores some of the themes which together make up the subject of Health and discusses what a Christian attitude to them should be.

World Health is like water which flows through the arid lands where it is needed, into the ocean where there is plenty already.

Julius Nyerere.

Of all things in the world, people are the most precious.

Modern Chinese saying.

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Fig i From left to right the vertical lines show the years (and infant mortality rates) 1871-75 (153); 1881-85 (139); 1901-05 (138); 1921-25 (76); 1936-40 (55); 1952 (28); 1962 (22); 1972 (17).

Fig ii The columns represent statistics for Sweden (11), Holland (11), Japan (12), France (16), and UK (18).

Fig iii The upper block represents infant mortality rate in families where the father belongs to social class 1 (10 per thousand), the lower block families where the father belongs to social class V (28 perthousand).

The Quest for Health

In St. John's churchyard, just opposite Waterloo Station in London, is the family grave of the Peache family who lived at the beginning of last century. The names of the children are carved there, - James died aged 20 months, Elizabeth died aged 12 years, Henry died aged 13 days and so on; only two of the ten children lived to grow up. Childhood diseases claimed so many lives then, and doctors could do so little.

It had been the same for thousands of years. Men and women have always cared for their families and neighbours and every society has had its healers, but only now and then or here and there did a clear voice show the way to better health.

Some great names

Hippocrates, father of modern medicine, living in the Golden Age of Greece, urged the importance of fresh air, good food, bathing and 'the healing power of nature.' The Jews stressed cleanliness, time for relaxation and care in what one ate. And Jesus, by his example and teaching, laid on his followers the responsibility for loving care to all men in need, especially to the poorest and most neglected.

Galen, living in Rome in the second century after Christ, studied anatomy and physiology in a limited way, and set out principles of treatment which were followed without question for twelve hundred years. During this long period Western medicine stagnated, with Arab physicians in Persia and Spain being among the very few who had original ideas and enquiring minds.

Then came the new learning of the Renaissance, and at intervals discovery followed discovery. In Italy Vesalius described for the first time just how the human body is constructed, and Harvey in England explained the circulation of the blood. Jenner, a Gloucestershire doctor, became in 1796 the first to vaccinate a boy safely against smallpox, while James Lind, naval surgeon, banished the deadly vitamin-deficiency disease of scurvy from the Navy in the mid-eighteenth century by giving the sailors lemon juice.

But successes in the prevention and treatment of disease were few and limited before 1800. Nevertheless in every country mothers breast-fed and cared for their babies, and each community nursed and comforted its members when ill, passing on its accumulated wisdom in the art of healthy living.

Traditional folk-medicine may often have been ineffective or even harmful, but it had its successes too. William Withering, eighteenth century doctor in Birmingham, learnt from a wise woman in Shropshire the virtues of 'foxglove tea', an early preparation of the heart drug digitalis which in its modern form is extensively used today.

Microbes and Men

The big breakthrough came in the nineteenth century. It was then that the great struggles between 'Microbes and Men' began, as described in the notable TV series. Semmelweiss won striking victories in Hungary in the 1840s against "childbed-fever", the preventable infection which killed so many young mothers.

Louis Pasteur's name is linked with 'pasteurization' and vaccination; Joseph Lister used carbolic acid as an antiseptic in surgery; James Young Simpson discovered the use of chloroform as an anaesthetic. So with anaesthetics, antisepsis (later modified to asepsis, or killing the germs by heat), and the appearance of Florence Nightingale's well-educated fully trained nurses, the care of surgical patients and indeed of all hospital patients entered a new phase.

Compassion and Cleanliness

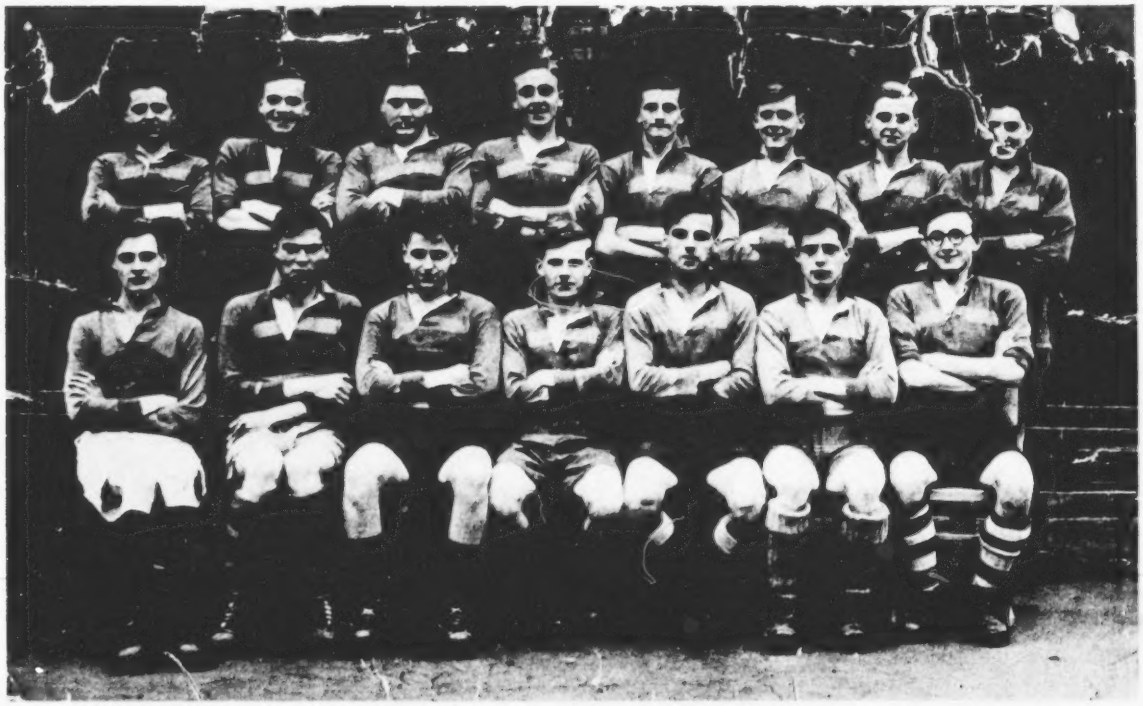
Earlier, new attitudes to mental disease had started to spring up. In the Bicetre hospital in Paris mental patients had languished in their chains for thirty or forty years at a stretch, until Philippe Pinel, compassionate physician in the days of the French Revolution, ordered the chains struck off with excellent results. Likewise at the Retreat in York in the same period, William Tuke, a kindly Quaker, proved that such patients could be treated successfully without any restraint whatever.

The nineteenth century also ushered in the great period of sanitary reform in England. Cholera was rife in the early years of the century; 900 people suffered from it in a few weeks in Dumfries in the autumn of 1832, and over half of them died. And city slums were appalling. So providing clean water, better drainage, and better housing arguably did more to improve the country's health than all the hard work of hospitals and physicians.

Fighting Infection and Malnutrition

In the present century, the Second World War became, in spite of all its loss of life, a time when great strides were made towards better health. In 1928 Alexander Fleming, London bacteriologist, left a glass dish containing a culture of disease-producing bacteria open without its lid on the bench of his lab. Spores of a mould called penicillium blew on to the dish, and Fleming noticed that where the spores grew, the colonies of bacteria disappeared. Could this fungus, he wondered, be used to

cure bacterial infections? When war came and an adequate treatment for infected wounds was urgently needed, his suggestion was taken up and penicillin became the first of many antibiotics, producing in varied ways just the effect which Fleming foretold.



Forties fed for fitness

Perhaps an even greater achievement at the same time, though much less well-known, was the British Government's far-reaching rationing policy under Sir Jack Drummond's leadership. For the first time the whole country was wisely and well fed, with children and young mothers receiving extra vitamins, milk and eggs, and children of all social groups had never looked so healthy.

The wide use of vaccines to prevent tuberculosis, poliomyelitis, diphtheria, tetanus, and other diseases specially dangerous to children, marked another great advance during the middle of this century, and from 1950 onwards the health of small children became steadily better and better.

Today in Britain

My forty years as a doctor have covered perhaps the most exciting period of all in the long search for better health. When I took my medical degree there were so many things that we doctors still could not do. Four or five mothers out of every thousand still died in childbirth, and we knew of no way to save their lives. Children were crippled by tuberculosis in bones and joints as a result of drinking infected milk, or died, often by suffocation, from diphtheria, and about a thousand people still died in Britain each year from typhoid - for which we had no effective treatment.

Today childbirth is forty times safer with only one mother in ten thousand dying from this cause. The risk of tuberculosis from infected milk has been completely wiped out, diphtheria has virtually vanished, with only two or three cases being reported each year, and typhoid is relatively rare and easily cured.

The coming of the National Health Service in 1948 certainly brought great improvements in the standard of medical care. Before this time specialist surgeons and physicians were mainly found in the big cities. Now patients in every part of Britain have relatively easy access to such specialists, all trained to a uniformly high standard.

District hospitals are far better staffed and equipped than before, even though the buildings may sometimes be old and inconvenient. And the wide availability of blood through the transfusion service and great improvements in anaesthetic techniques make spectacular operations possible.

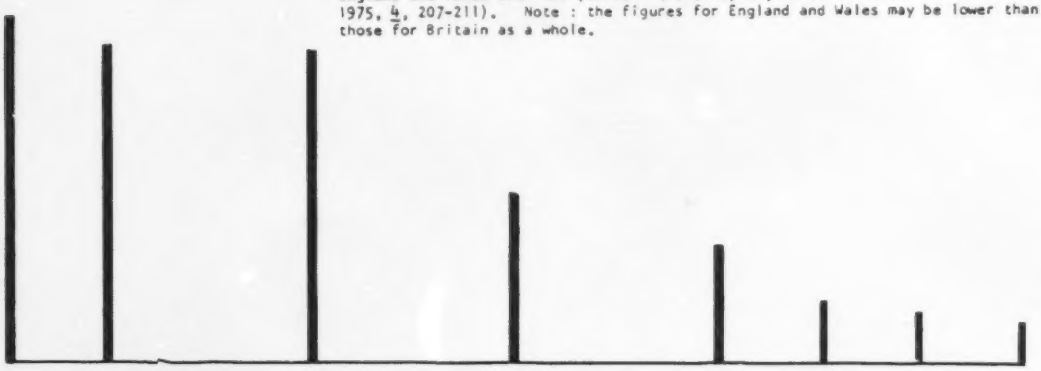
But greater still than all these advances have been the improvements in health brought about by better nutrition, better housing - though never enough of this - and increased prosperity. We are healthier because we are better off, better fed, and better housed than our parents.

Inequalities

But still in many ways health care in Britain is disappointing and lopsided. Some people fare so much better than others.

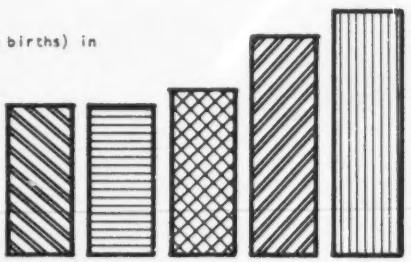
This is true internationally as well as within the nation. We have only to look at the infant mortality rate (the recorded number of children dying during the first year of life out of every 1000 babies born alive) which is widely accepted as a good index of a nation's health. The changes in the last 100 years have indeed been remarkable, but marked differences remain.

i Infant mortality rate (deaths of children under 1 year per 1000 live births) in England and Wales over 100 years. (Ref. Taylor, Lord: British Medical Journal, 1975, 4, 207-211). Note : the figures for England and Wales may be lower than those for Britain as a whole.



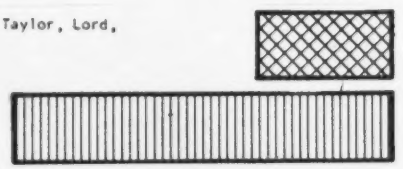
In Britain, the figure in 1972 was 18, very low compared with previous decades, but still beaten by ten other countries. The infant death rate for Sweden was 11 and for Japan 12.

ii Infant mortality rates (deaths of children under 1 year per 1000 live births) in 1972. (Ref. Taylor, Lord, op cit).



Within Britain itself the social class of one's parents makes a big difference. Taking the figures for Scotland for 1972, families in class I, the upper professional and managerial group, have an infant mortality of only 10 per 1000, level with Sweden. But for class V, unskilled manual workers, the rate is 28 per 1000.

iii Infant mortality in Scotland in 1972, according to social class (Ref. Taylor, Lord, op cit)



Some parts of Britain do better than others. Anyone who lives in Wessex, East Anglia or Sheffield will have less available in the way of medical services than those living in London or South East England. Any money is spent very unevenly on health care.

Hospitals, mainly concerned of course with curing disease, absorb most of it, taking about 66% of the national health budget, while preventive health services only receive something around 5% or 6%. What comment could be made on the facts that treatment is much more costly than prevention, and Britain spends on the latter only 1/10th of what is spent on the former (in Tanzania the proportion is 1/5th.)?

Even among the hospitals, the treatment of acute physical disease attracts much more money and staff than the treatment of mental disease. There are 210,000 beds in acute general hospitals and 125,000 in psychiatric hospitals in England and Wales, and the amounts spent on each patient weekly in the different institutions in 1973/74 are shown in Fig. iv. The differences do not reflect only to medical costs, but spending differences on domestic cleaning and catering services.

If preventable, why not prevented?

This famous comment by Edward VII about tuberculosis could be applied to some of our chief health hazards today.

The relationships between smoking and cancer of the lung, and between modern life style and coronary disease have been fully described many times. The risk of illness could be greatly cut down by simple changes of habit. Road accidents could be reduced as simply. Why are the simple changes so difficult? Only road accidents will be considered here.

6500 people died on the roads in 1973, and about 90,000 were seriously injured. Certain age groups run the biggest risks; child pedestrians aged 5 to 10 years, motor cyclists between 16 and 20, and car drivers and passengers between 20 and 25 are those who suffer most. Motor cycles and motor scooters rank as the most dangerous forms of travel, and 42% of deaths from <u>all</u> causes in young people aged 15-24 are due to motor vehicles. It is a heavy price to pay for quick independent travel, especially when one remembers the many others who are permanently crippled.

All of us could do a great deal to reduce these figures. Alcohol is a potent factor in road accidents, so 'if you drive, don't drink' is excellent advice. High speeds are deadly; the faster the car is driven, the greater the risk of an accident which causes injury. As soon as the speed exceeds 40 mph, the injury rate begins to rise steeply. (Fig. v).

To be thrown out of a car spells serious injury; so wearing a seat belt is literally life saving.

Designers could make much more effort as well. Why should not the proved safety devices of some car manufacturers be adopted by all? Why cannot motor-cyclists have more protection, say by rigid leg shields? We would never tolerate such indifference to safety in public transport by rail or air.

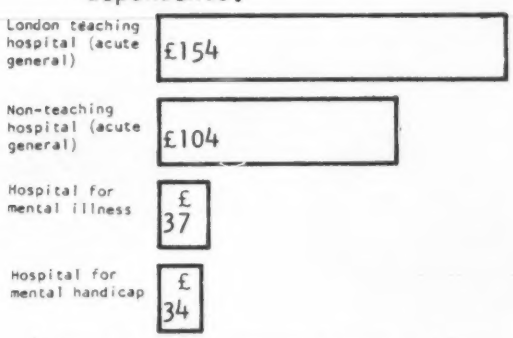
Loneliness and Rejection

There are other important areas of modern life in which we could do so much better. Dr. Sainsbury, a psychiatrist, has reminded us of our responsibility for those who become deprived in our society, the immigrants who move into the run-down inner city areas, the elderly who are so often lonely, the recently bereaved. These are specially prone to depression and suicide, and greatly need the support and help of a caring community who will restore their dignity and sense of 'belonging'.

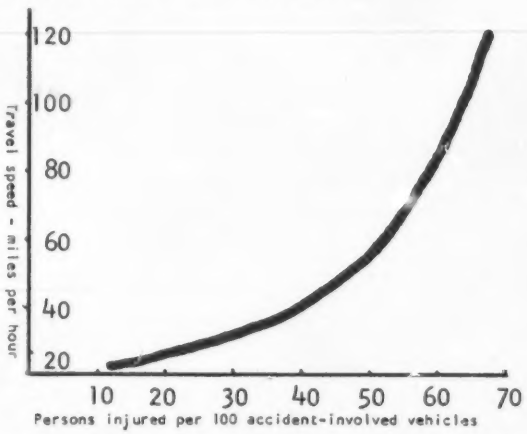
Self-reliance

Ivan Illich lashes out against the way in which we have become a nation of tablet-takers or medicine-drinkers, relying on tranquillisers and pain-killers to a deplorable extent. We should be self-reliant, he says, able to cope with a modest amount of pain and discomfort, caring for one another in simple ways instead of rushing to the doctor over trivial complaints, and meeting disease and even death with courage and dignity.

Modern drugs can do harm as well as good. About 100,000 hospital admissions in England and Wales in 1972 were due to the adverse effects of medicines and the complications of medical and surgical treatment. Less readiness to turn to drugs (by doctor and patient) might well reduce this number, but there is great advertising pressure to keep up our dependence.



iv Cost of one week's inpatient treatment in England and Wales in 1973/4



V Injury rate in relation to speed: all vehicles (daytime). (Quoted in "Causes and Prevention of Road Accidents", by Cohen & Preston, Faber & Faber, 1968)

Discuss the changes in life style which could reduce suffering, and painful premature death. What moral, religious and economic arguments are used to commend these changes?

How can modern health care be made more compassionate, and greater dignity and respect be left with vulerable patients?

What kind of education would be required to encourage more responsible self-reliance in health matters?

Today Overseas

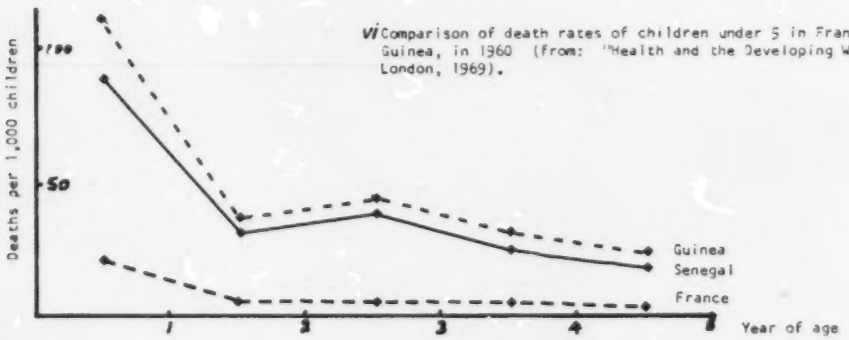
Dr. Zafrullah Chowdhury of Bangladesh tells the story of Korshed, a bundle of rags lying on the doorstep when the doctor came back from the operating theatre. Korshed, aged nine or ten, had fainted from malnutrition, and bore all the evidence of kwashiorkor (severe lack of protein and calories).

Revived with food, he described how five of his brothers and sisters had died in the previous year from lack of nourishment. The family's two acres of land had been in the path of a flood which destroyed the crop. Then his father had raised a mortgage on the land so as to buy food for immediate needs; but drought followed, the crops failed again, and the land went to the money-lender. Their food stock of sweet potatoes gave out, and what was there to eat? Another of Korshed's sisters would die soon.

A heavy burden

The burden of ill-health on those living in poor countries is great indeed. Kenneth Newell of the World Health Organization has said "the majority of the rural populations of the world do not have enough food for normal growth and development. Maybe 60% have little or no contact with health technology".

In some developing countries 180 babies out of every 1000 die in the first year of life, instead of only 18 as in Britain. And it is not only the first year which is so dangerous. While in Britain the toddler years from one to five years are very safe, the death rate in developing countries at these ages can be forty times higher, and such deaths are mostly preventable, being due to gastro-enteritis, malaria, measles and malnutrition.



VI Comparison of death rates of children under 5 in France, rural Senegal, and rural Guinea, in 1960 (from: "Health and the Developing World", by John Bryant, Cornell London, 1969).

More than 15 million people in the world suffer from leprosy, greatly

feared because if neglected it mutilates but does not kill. Only one-third or less of these are receiving treatment.

Poverty and Hunger

One could go on giving accounts of the avoidable deaths of children, of blindness, etc, but preventable disease overseas cannot be separated from other factors which greatly influence health. The death rate from infectious disease among little boys aged 1 to 4 in Britain dropped by 60% between 1870 and 1910, but not because doctors had effective ways of preventing or curing these childhood illnesses - they had hardly anything of the kind. The improvement came about because the country was more prosperous, with better housing and more food, and because pure water and good sanitation were provided.

In the same way so much preventable disease in developing countries is linked with poverty, hunger, population pressure, scanty water supply and no latrines.

In Rwanda, a small Central African country with an annual national income equal to £25 for each head of population, 20% of the children are malnourished, with a diet lacking in protein and calories. They fall easy victims to virulent measles and 1 in 3 will die from this or another cause before the age of 15.

In Bangladesh, plagued with floods and cyclones, and already densely crowded, the population is likely to double in approximately 25 years. And who will feed all the children then?

Bishop John Taylor of Winchester paints a vivid picture of what happens when a rural family has to move into the fringe of an over-crowded city. "During my recent visit (to South America)", he writes, "we were taken to visit some squatters who drifted into the city when their farms folded up ..... They and their families had been living for the past ten or twelve years under a road bridge across a small filthy stream. On both banks they had put together a colony of shacks, made of odd bits of timber.

Only a few of the homes had windows and life inside had reverted to a worse chaos than the cave man ever knew. The city council installed a few standpipes to give clean running water, and gave them a line to the electricity supply. But they have no drainage but the river. Now and then one of the houses rolls down the hill into the water ..... "

Trade and Technology

This grim account goes on to speak of the generosity and mutual helpfulness of this little community, as well as its resourcefulness. Communities in developing countries indeed have great potential strengths. Unfortunately their problems are sometimes aggravated by the unwise trading methods or the unsuitable technology of the West.

For instance, the promotion of powdered milk feeds for babies in developing countries has been a tragic innovation. Full details of the battle over this were reported by the New Internationalist and published by War on Want as "The Baby Killers".

The drug companies again not only charge high prices in the Third World - nearly $10 for a kilogram of Vitamin C sold in India, as compared to $2.40 for the same amount sold to Britain - but they market potentially toxic drugs there without adequate warning of their danger, as the Haslemere Group reports in "Who Needs the Drug Companies?"

What would be the necessary preliminary steps so that better health for children could be given greater priority as an urgent international necessity?

Obtain as much information as possible from various aid agencies (Christian Aid, Oxfam, Catholic Fund for Overseas Development, TEAR Fund, Ministry of Overseas Development etc.) about schemes which seek to improve general health through changing poor living conditions. Compare this information with information gathered about developments in your own area since 1900.

What steps might be taken to influence multi-national companies to consider the dangers of promoting the wide use of modern highly processed, high profit foods with high social ratings in places where the importance of a balanced diet is so little understood?

Chloramphenicol, which can cause fatal aplastic anaemia in 1 in 25,000 cases, is normally used only in typhoid and haemophilus influenza infections (for which it is a life saving drug). It is marketed widely in developing countries such as Egypt without clear indications for its use or any warning of its risk.

Gather together the arguments for and against the different approaches to the use of dangerous or experimental drugs in rich and poor countries, and comment on both sides.

Who will give the care?

In British hospitals 35% of all the doctors have been trained overseas. Many of them work in the less popular hospitals and less popular specialities, in posts which attract fewer British graduates. In the United States there were 63,400 foreign medical graduates at work in 1970, making up nearly one-fifth of all the doctors in the country.

For the last 30 years about half the medical graduates in Pakistan have left their country after being trained, the majority coming to Britain. Sri Lanka loses 120 doctors, half of its new graduates, every year. Iran loses 25% of its newly-trained doctors. From Britain itself there is a net loss of 300 doctors yearly, equal to 10% of those who graduate.

Right across the world from East to West this brain drain goes on like a slow haemorrhage, with expensively trained professionals going from areas of need to areas where health standards are already high.

The 'Inverse Care Law'

Within developing countries themselves the same imbalance is seen. In Pakistan doctors and medical facilities are found mostly in the big towns and the 74% of the population who live in rural areas often lack basic medical care.

This bears out Dr. David Morley's "rule of three-quarters": "three-quarters of the population in developing countries live in rural areas, but three-quarters of the doctors live in the towns. Three-quarters of the diseases seen are preventable, but three-quarters of the health budget is spent on curative care."

In Britain the areas which attract the "best" doctors need medical care least. There does indeed seem to be an "inverse care law"; those who are most in need of care are least likely to receive it.

Resources

Is there a way out of this dilemma? If we are to find it we must start from a fresh standpoint. David Morley has said - "however they built the Pyramids, they certainly did not begin at the top first."

The key person in health care is the mother. Mao Tse-tung declared that "Woman holds up half the heavens". For the first five years of life at least, the mother holds her child's health in her hands. So health care should begin with the mother. It is she who needs all the encouragement,

help and information possible. She must be valued, trusted, and supported.

Then in many countries the traditional birth attendant is a much respected figure. By giving her simple training in the danger signals of childbirth, and a clean razor blade to cut the baby's cord so as to avoid tetanus (lockjaw) from a dirty knife, many lives of mothers and babies can be saved. This training is being given in Sierra Leone today.

The traditional healer is the first person to be consulted in most developing countries. Can he be fitted into a modern health programme? China certainly thinks so, and applying her principle of "walking on two legs", has put traditional and scientifically trained doctors side by side in health centres and clinics. The former give generous encouragement and time to their patients, and can be a bridge to introduce a peasant to modern medicine.

The Barefoot Doctor

Coming to health staff trained in Western medicine, the middle level auxiliary is the key figure where doctors and registered nurses are few. The 'barefoot doctor' of China is a well-known example.

Three barefoot doctors from near Shanghai

Auxiliary medical workers were given this name in the rural areas near Shanghai, where work is done barefoot in the rice paddies: in fact they wear shoes most of the time. They are young peasants with a good education, working part-time on the land, and chosen for health training by their fellows on the grounds of "keenness ..... and an unselfish attitude". When farm work is slack they receive their first four months' training in anatomy and the causes and treatment of common diseases. They are not taught to be doctors, but rather to give simple primary health care in their local community.

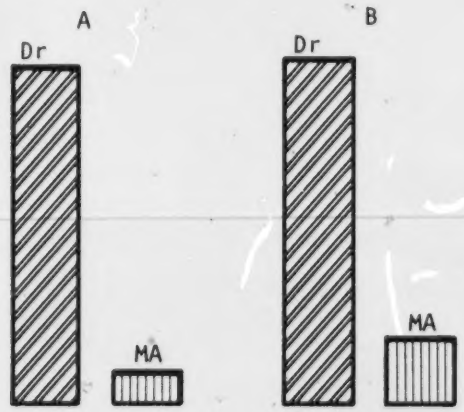
The courses are repeated each year for three years. When they finish, the students are given no certificates, as their education is to be life long.

Known and trusted by their fellow workers, they use Chinese and Western medicines to treat a variety of illnesses. Even more important is their preventive work in sanitation, in ensuring a clean water-supply, and in seeing that children are fully immunized.

Increased Responsibility

The barefoot doctor has his counterpart elsewhere in the world. In India the village health worker, chosen from the rural community, is a respected middle-aged woman who is given simple training in health education. She helps in the feeding of small children, cares for expectant mothers, and collects statistics of births and deaths. In Bangladesh the woman paramedical does a family planning operation as well as any doctor.

At a higher level the medical assistant of Tanzania or Malawi takes charge of a health centre with its varied staff. The training of such a medical assistant is much cheaper than that of a doctor, he is willing to remain in a rural area and he relates easily and well to the culture of his patients.



vii A comparison of A the costs of training and B the starting salaries of a doctor and a medical assistant in East Africa. (Adapted from "Medical Care in Developing Countries" by Maurice King, Oxford University Press, 1966).

This principle of giving increased responsibility to carefully trained health staff who are not doctors is being applied in Britain. Nurses at the Maudsley Hospital in London have been trained as psychotherapists and are most successful. Nearby at King's College Hospital other nurses have taken over family planning techniques usually carried out in England only by doctors, and reach a high standard.

The Relevant Doctor

What about the doctor himself? Can his Western training be modified so that he is happy to work where he is needed most?

Peter Bewes, surgeon in Tanzania, is preparing medical assistants to be assistant medical officers, doctors with less than a full international-level training. He teaches them the management of all the common surgical conditions which they will meet, using simple but most effective methods. Their training is thoroughly relevant to the up-country hospital where the need is greatest, and where they will work after qualifying.

In Guatemala medical students have a combined training with "rural health technicians" and so learn to appreciate the special contribution that these medical auxiliaries can provide. After qualification, doctor and technician work together as members of the same team.

The Doctor of the Future

What might the doctor of the future be like? During his student days he would be constantly reminded of the places and groups of people in his country where help is needed most, and would spend time in practical work among them. After qualifying he would learn to be a trainer, an enabler, teaching his staff to take responsibility by delegating tasks to them while still supporting them, and all the time learning from them as well as teaching.

What changes would have to be made in the present system of Western medical training for a doctor to become a healer who teaches patients to care for themselves?

How far would professional and general attitudes have to be changed for the kind of care commended in this chapter to be welcomed? To what extent is this possible by the end of the century?

Describe the sort of hospital facilities which you think would be appropriate for your locality.

Health is more than medicine

Drs Raj and Mabelle Arole are Christian doctors who qualified at Vellore Medical College near Madras in 1959, and then worked for a time in another Indian hospital. They found that 70% of the diseases which they treated were preventable, and often the patient whom they cured would return after an interval with just the same illness as before.

So they went to America for further study and to think out a new pattern of health care. On their return to India they decided to choose an area of work where there were hardly any medical facilities, and so settled on Jamkhed in Maharastra, in the western part of central India.

They determined that they would combine health education, preventive and curative work in their programme, and would allot 70% of their time to prevention and 30% to cure, thus reversing the usual medical priorities.

Food and Water

They planned to do everything in consultation with the local communities, gaining their support before starting work. So discussions were held at which local leaders explained that their most urgent needs were food and water. Water was scarce and small children were underfed.

The Aroles promised to obtain food from outside to start a child nutrition programme. But, said they, this can only be temporary. You must resolve to grow more food yourselves.

The doctors asked for a drilling team to come and bore tube-wells in the area, and friends donated tractors. The farmers who could now grow better crops were asked to share their harvest with the community kitchen.

When neighbouring villages wanted their children to be immunized against common infectious diseases, the Aroles said Yes, if you will guarantee an 80% turn-out of those under 5. The turn-out was excellent.

They pressed on with a family-planning programme, using village health workers to explain to their neighbours the advantages of a well-spaced family.

In their concern for leprosy patients they not only arranged a full course of treatment for them, but gave them fast-breeding goats, so that they could drink the milk and make a little money by selling the kids.

Doctors in other areas have found that their health work includes well-digging, starting home industries, and gardening with patients and staff.

Treatment of leprosy in W.Irian begins with inspection in school

The Health Map

Dr. Michael Wilson, full of fertile thoughts about health, has the same wide vision, and puts our NHS in a broader framework in the following map:-

<table>
<tr><td colspan="2">NHS</td><td colspan="2">Agriculture</td></tr>
<tr><td colspan="2">Water</td><td colspan="2" rowspan="2">Housing</td></tr>
<tr><td colspan="2">Care of the Environment</td></tr>
<tr><td rowspan="2">Social Services</td><td rowspan="2">Transport
Schooling</td><td rowspan="2">Prices and Incomes</td></tr>
</table>

viii The Health Map (from "Health is for People" by Michael Wilson, Darton, Longman & Todd, London 1975).

The National Health Service includes hospitals, general practitioners, district nurses and more. But all these other factors in our lives which he mentions affect our health immensely, and all must be considered.

School for All

Dr. Wilson goes yet a step further than this, as will be seen later. But I whole-heartedly welcome his chart with just one small addition for overseas countries - "Schooling <u>at all ages</u>".

For how can a mother really do her best for her family unless she can read a little in these days of printed instructions, and advice written on the medicine bottle?

A recent Reader's Digest magazine carried a son's compassionate account of his father, capable and kindly, but unable to read. Suffering from heart pain, he was baffled by the child-proof container in which his needed heart tablets were packed, although the instructions for opening it were clearly written out.

His problem is shared by most women in Bangladesh. Only 1.3% of the women tested in Savar near Dacca could read a Bengali newspaper.

So adult literacy campaigns are really a 'must' for better health. There is indeed a close relationship between the education and emancipation of women, and the health of the whole community. Dick Lyth, missionary founder of Christian Rural Service to provide comprehensive help for the farmers of S.W. Uganda, included in his programme girls' clubs for those who had never had a chance of school, so that they might learn home-making, cooking and the care of small children.

For the fortunate girls who <u>do</u> go to school, this is the time when older ones can learn the types of food that small children need, and consider what sized family they want to have. If they wait until after marriage, it may be too late.

Health Matters

Are all these things really the concern of the ordinary doctor? Dr. Carroll Behrhorst is one who thinks so. He began work in the Indian highlands of Guatemala by opening a clinic which sees 100 to 200 patients a day. But again he faced Dr. Arole's problem - the same patients coming back after a few months with the same illnesses.

When he saw Jorge at the clinic one day, a good-looking five-year-old boy with puffy eyes and feet and patchy skin of malnutrition, Dr. Behrhorst went to Jorge's village of San Jacinto to find out what was wrong. He saw the painfully small plots of land with poor soil that were all that the villagers had. The men went yearly to the big coffee plantations near the coast to earn a little money, but often came back with tuberculosis.

So a Peace Corps volunteer started a chicken project, and some of the families adopted the slogan "eat an egg a day". Better farming methods were taught, ten families combined to buy more land with help of a loan (paying it back steadily from better crops), and the women of the village formed a profitable weaving club.

Now San Jacinto is healthier, not a tuberculous cough can be heard, and Jorge is a strong hard-working teenager. Carroll Behrhorst goes on with his curative programme - he knows this is essential - but he sees that community development is needed too.

Even inexpensive medicine, sufficient food, clean water, decent housing and productive work do not meet all our health needs, but how can we leave any of them out, if a community is to thrive?

Nutrition training for village workers

See if it is possible to find out from the local health authority how much the different types of health workers (general practitioners, district nurses, inspectors, etc) are concerned with questions of food, water and work.

What is being done about adult literacy lessons in your area?

The place of the Community

"The success or otherwise of a programme in raising people from the depths of poverty and suffering does not depend on outside activities but rather on the people themselves .... " Dr. Gunawan Nugroho of Indonesia

In Health Planning

Dr. Alastair Wilson, senior doctor in a partnership of seven general practitioners in Aberdare, Mid Glamorgan, has set up a patients' committee to advise the partnership. The fourteen committee members include a miner, widow, accountant, and schoolteacher. After early discussions about weekend rotas and car parking, they decided to recommend a health survey of all over sixty in the 10,000 strong practice, to detect hidden early disease. A letter was sent to each patient signed by the senior partner and the chairman of the committee.

Dr. George Mathers, with long psychiatric experience, is a great believer in the ability of ordinary people such as these to make plans for the good of a community. Indeed, this principle was fully accepted in Europe a hundred and thirty years ago, as Peter Sainsbury and Evelyn Meyer explain.

Between 1830 and 1860 ordinary citizens were formed into boards of health to care for the health of mothers, babies, school children and industrial workers, and to make sure that adequate food, clean water and proper drains were provided for all. As medicine developed, specially trained people gradually took over these responsibilities. But now citizens in the West must play their essential part in health care again.

Listening

All this involves much listening to one another. John Bowers of Reading University explains the value of such attentiveness. In any adult literacy scheme, he points out, the teacher must listen to all the comments of the student, studying his response carefully. And this response from the receiver, John urges, must change the behaviour of the sender; he must modify the scheme if it doesn't work, and go on modifying it until he has got it right.

This principle applies to health matters as much as to adult literacy. It is the basis of the Chinese 'mass line', a new line of policy which has been fully accepted and adopted by the masses of the people. A new project could only begin after it had been explained through all levels of Chinese society down to the smallest group of peasants, discussed, modified, explained and discussed again, and so on, until everyone fully understood and fully agreed.

From 'citizen participation' in planning it is a small step to involving ordinary individuals in effective health care.

People Power

Valerie Griffith tells us that in Britain there are 100,000 people suffering from the aftermath of a stroke. When such a patient finally leaves hospital to go home, he and his family may be overwhelmed with despair at his handicaps of speech and movement.

So Valerie, with no professional qualifications but abundant commonsense, organized a band of some 200 volunteers in the Oxford and Buckinghamshire area to visit 31 such patients, all paralysed down one side and mostly with speech difficulties. All these patients were depressed, some sitting in despair with their faces turned to the wall.

The volunteers were not given any training before they started visiting the patients on a daily rota and making friends. They gave simple quizzes, played bingo, did jigsaw puzzles, and took each patient to a weekly club for darts and charades. Talking, reading, writing and craft work steadily progressed as the weeks went by.

After several months, the scheme was evaluated. 30 out of 31 had demonstrably improved in confidence, attitude to life and general happiness.

Valerie Griffith believes that the volunteers, supported indeed by doctors and speech therapists, achieved so much for the following reasons. They accepted the patient as he was, and not having known him before, were not shocked as his family was by the change in his speech and activity. They took time to encourage his independence. "They waited while he struggled to find the right word, picked up a pencil or prepared a precarious cup of coffee", she says. A specially valuable asset was their lack of training; they were received and welcomed into homes simply as a helping neighbour.

Ernest Schumacher, who wrote "Small is Beautiful", is convinced that such abilities are shared by everybody. He quotes Gandhi as saying that the poor of this world cannot be helped by mass production, only by production by the masses. Such production, says Schumacher, mobilizes the priceless resources of all human beings - their clever brains and skilful hands.

In the same way the community in other developing countries, which has looked after its own health in the past, must be consulted in all new steps to better medical care.

Involving Everyone

Once again China has demonstrated what can be done if everyone takes a share. Everyone joined in the big Chinese campaign to wipe out the 'four pests' - flies, mosquitoes, rats and bed bugs. In the drive to eradicate schistosomiasis, a serious disease caused by the schistosome parasite in which snails act as the intermediate hosts, everyone in the affected area joined to bury the snails at the bottom of irrigation ditches. As Mao said, "involve everyone in caring for his own health and that of his neighbour."

Already in this country groups have sprung up devoted to those with special needs - Samaritans for threatened suicides, the Richmond Fellowship to provide halfway houses for those who have needed psychiatric treatment and are now being integrated back into normal life, Cyrenians for the homeless and rootless.

It is in the inner city that these problems are greatest and resources are most stretched. So much more help is needed and Dr. Bob Lambourne wishes that Christian communities would set up "neighbourhood wardens", men or women who would know quickly if an old person in their street was in difficulties or needed assistance. Some of them might be the key-people in any community, the motivators who can change people's attitudes, the bus conductors, corner-shop owners and grannies in an English neighbourhood of whom Michael Wilson writes. Others would just be willing caring neighbours.

These Christian communities were urged to draw on the "priceless resources" which we all share, and make them an essential part of their health work, and of their witness to the love and power of Jesus.

Of course many health problems like acute appendicitis or difficult childbirth can only be dealt with by doctors and other health professionals, and only in hospitals. Big health reforms must be left to local and central governments, who alone have the ability to carry them out. But the essential contribution of ordinary people is still needed. Without this all efforts for better health will be imcomplete; with it life will be greatly enriched.

Draw up a set of guide lines for deciding priorities in local and national health care, housing and education. What are the basic principles you use? What place do you give to voluntary service?

Does the fear of "nosey neighbours" prevent the development of community care schemes? What are the arguments for and against such schemes: a) in the inner cities, b) in the wealthier suburbs, c) in rural areas?

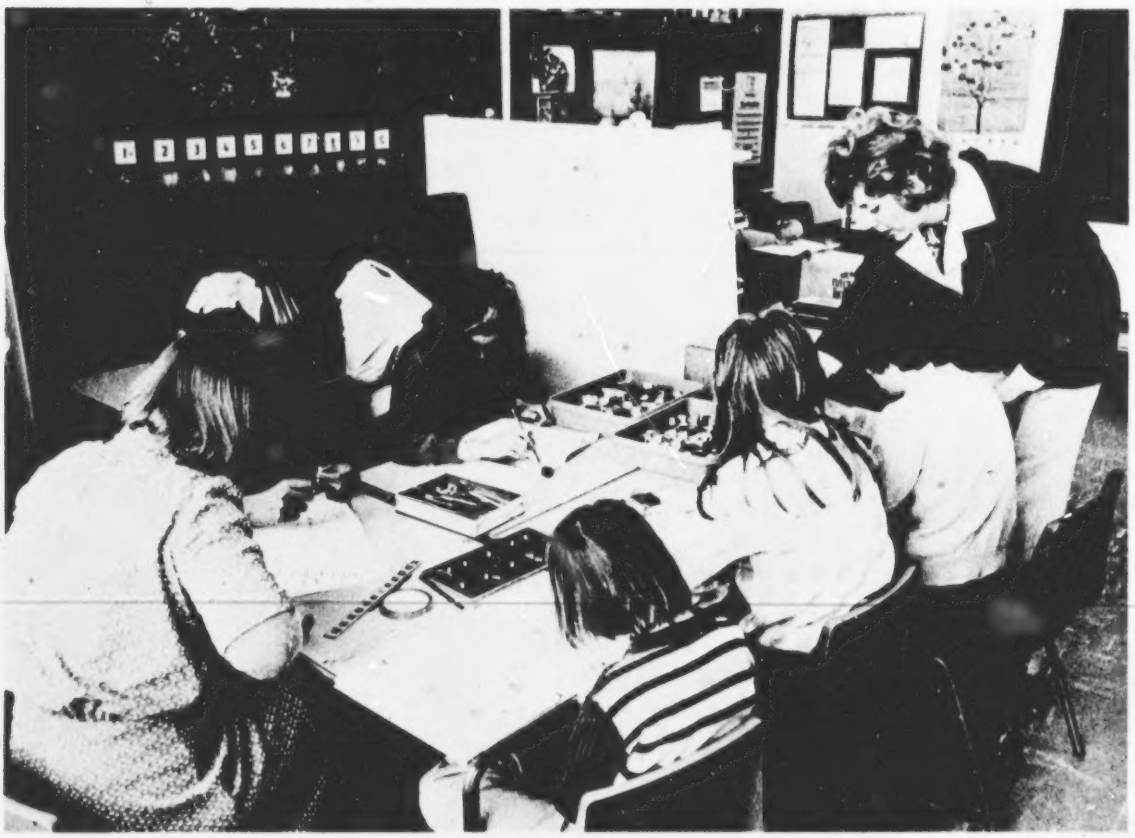
Disadvantaged

What should our attitude be towards those who carry an extra burden of physical or mental disability?

Pat Baker has one answer. Still in her twenties, she is headmistress of Nine Acres school for 86 mentally retarded children in Plumstead, South London. All her children have an IQ of 55 or less.

Hidden Potential

"Pat's attitude to the children is inspired," says journalist Rosemary Carpenter. "She sees them as normal. She says 'You see through their handicap to the normality underneath.' The children are educated, stimulated, given as much to do as they can possibly manage - and more - and they do manage, they do achieve it."



The Family's Importance

At Vellore hospital in South India, Dr. Verghese, psychiatrist, will only admit a patient to his mental health unit if members of the family come with him. The relatives are taught about the illness, share in the treatment programme, and undertake to continue their care when the patient returns home, bringing him back for follow-up as arranged. Seeing familiar faces around him while in hospital, the patient feels constantly supported.

In China too, members of the family join patient and staff for study sessions in the psychiatric hospital before their relative leaves. Later on, one of the senior staff will visit the home to remind the family how much their help can ensure the patient's lasting recovery.

Community Care

In Aro village in West Africa, psychiatric patients live in the homes of peasants while attending the day hospital, and are fully accepted by the community. And at Gheel in Belgium there is a long tradition of welcoming patients with mental illness as guests in ordinary families. They help with the housework and go to football matches and the cinema just like everyone else.

This approach of willing acceptance is spreading. Every year New York's Central Park is filled with hundreds of activities to which the surrounding Mental Handicap hospitals bring their patients, each one to be met and partnered by a volunteer from the city - an event called "One to One". Nigel Evans found it extradordinarily moving to see 20,000 mentally handicapped people, each with someone who had befriended them, taking part in this celebration. When he returned to England he looked to see if the same pattern could be introduced here.

CARE (Cottage and Rural Enterprises) for the Mentally Handicapped has an even more far-reaching plan. It is concerned about the plight of mentally subnormal young people when their parents become too old to look after them. To have to go to a hospital where they will have little occupation is a tragic answer, especially when no active medical care is needed. So CARE is building village communities, groups of cottages with hen houses, greenhouses and workshops, in order to provide as self-supporting a life as possible.

Support and Encouragement

Those who have certain physical disabilities meet with similar prejudice and rejection, and positive efforts must be made to conquer these attitudes.

Dr. Raj Arole approaches leprosy patients in a special way. He makes a point of shaking hands with them in the clinic. Those standing by at once say "Doctor, will you wash your hands?" and he replies "Not now". By overcoming popular anxieties, greatest strangely enough among nurses, he now finds leprosy patients sitting on out-patient benches beside other patients, and admitted to hospital wards for other illnesses just like everybody else.

A leprosy patient & her healthy baby stay together

This positive acceptance is especially needed for those with epilepsy. Wells Bookshop in Winchester has an efficient and fully qualified staff, of which Mary Wrangle, cheerful and friendly, is one. She has had grand mal epilepsy since childhood, that is to say, she has periodic attacks of unconsciousness with convulsions, due to increased electrical activity of the brain. Drug treatment can control the frequency of these attacks.

When she left school after doing well in her exams, finding a job was desperately difficult. Admitting to epilepsy meant a rejected application time after time. Fortunately the bookshop people didn't worry about this handicap and she has worked happily with them for the past 13 years. She even feels there are advantages in having epilepsy!

"We are the one group of people," she says, "who while being handicapped, can pass as non-handicapped." Both handicapped and non-handicapped talk to her as equals, and she can explain the fears or frustration of one circle to the other.

What special contributions can various kinds of handicapped people make to the open society? (Paul Vanier of L'Arche Community speaks of the "gifts of the heart" which the mentally handicapped can make).

Is there anything in Western society which reduces human dignity and personality?

The Search for Justice

Let justice roll down like waters and righteousness like an everlasting stream! Amos.

Carroll Behrhorst, from his experience with the Indians of Guatemala, lays down "guidelines" on better health for poor country-dwellers.

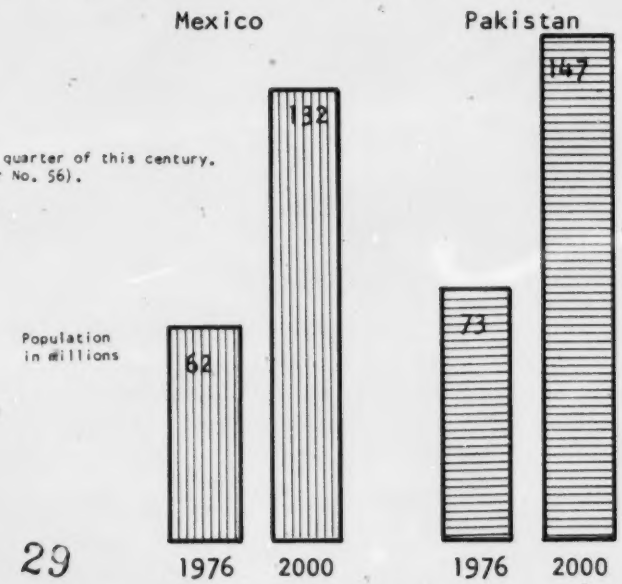
Land Ownership

"A programme aimed exclusively at curing the sick will have little effect," he says. "Preventive medicine, nutrition and hygiene will fare better - family planning and increasing crop yields will do more - however, a programme that fails to deal with the fundamental problem - ownership of the land - will meet with no more than modest success."

He is speaking in fact about justice. In large parts of Latin America and numberless villages of India eighty per cent of the land belongs to less than ten per cent of the people. It is hard to see how families can possibly live full and healthy lives until land is more fairly distributed and the farmer knows he has security of land tenure.

Population Pressure

The same need for social and economic justice lies behind other health problems. What is the answer, for instance, to spiralling population growth, with the world's population expected to increase by half as much again by the end of the century, and countries like Mexico and Pakistan more than doubling the number of their inhabitants during the next 25 years?



ix Forecasts of rapid population growth during the last quarter of this century. (From United Nations Population Division Working Paper No. 56).

Teaching family planning methods and making them widely available is of course one essential approach. Providing better health care for children is another, as it encourages parents to expect their children to survive. But in addition, to solve this threat to health we must conquer the "wealth problem" too. Big families are so often the only insurance against hopeless poverty, especially when parents become old.

"Our people are no duffers," says Zafrullah Chowdhury in Bangladesh. "When it makes sense to have fewer children, they will do so. A father sees in his sons income for the present, security for the future - it is a grave risk not to have several children."

So if families are to become smaller, all parents must feel assured that their children need not die young, and they must have a chance to rise finally out of their grinding penury. This is an immense task indeed, but it cannot be avoided.

World Resources

Barbara Ward, economist and practical visionary, quotes the calculations of the World Bank on what it would cost to provide better food, clean water, education and housing on a world-wide scale in the next ten years. The Bank's figure is $12.4 thousand million (say £7000 million) a year, which seems a huge sum indeed until one compares it with the amount spent on world armaments, $240 thousand million yearly.

$12.4 thousand million is about a twentieth of the annual arms total, so just spending five per cent less on arms and using the money for development would work wonders.

A = Annual world expenditure on armaments ($240 billion)

B = Annual amount needed to provide adequate food, education, health and housing during next ten years ($12.5 billion)

(World Bank estimate, quoted by Barbara Ward in "The Home of Man", Penguin, 1976)

If this great step were taken, then "quite a few children," comments Barbara Ward restrainedly, "need not die of gastro-enteritis, and the world could counter the fundamental killers, deep-rooted workless poverty with malnutrition, cholera, dysentery, measles, tuberculosis ..... "

But of course such exciting schemes run up against indifference and the resolve to maintain power and privilege, for if the poor are to have more, the rich - those with more than £200 p.a. - may have to have less.

Dragging feet at UNCTAD

At the recent Fourth United Nations Conference on Trade and Development (UNCTAD IV) the poor countries, united in the "Group of 77" (now in fact including 113 countries but the original description is retained), asked the richer nations for better terms of trade.

They wanted, firstly, stable prices for the commodities they produced, tea, coffee, jute, cotton and the like; then a Common Fund to pay for reserve stocks of such commodities; relief for the 29 poorest countries from repayment of loans given as aid in the past, as these loan debts shackle any progress; and a better chance to sell manufactured goods in rich markets.

Some distinct advance was made on the first two points at least. But why did Britain show up so badly? Our opening speech seemed negative, we became classed as one of the four Western hard-liner countries, we only agreed to the Common Fund at the last moment, and other countries labelled us as paternalistic and one of the "procrastinating rich" states. Why aren't we among the "progressive rich" states like the Scandinavians?

Costly Loving

How should all this involve ourselves personally? Are we meant to stretch our minds to think on a world scale, to be responsible citizens urging our own Government to be generous in trade and aid, and then to strive for a consistent personal life-style, "living simply so that others can simply live?"

At the UN Habitat Conference in Vancouver in June 1976 on better housing and living conditions for the half of the world which is in dire need, Pierre Trudeau, Canadian Premier, was one speaker and Mother Teresa was another.

Trudeau said "Our numbers are destined to increase for centuries - to survive means loving one another." Mother Teresa said the same thing. She quoted the words of Jesus "A new commandment I give you, that you love one another ..... "

Such loving could be very costly for us.

How can one translate a world concern for better health into practical personal action, in view of the comments made in this chapter?

Style of Living

"In China," said an observer from the West, "all the little children have their jacket buttons at the back. In my country a small boy would have a zip fastener or buttons at the front, and learn to do his coat up by himself. But not in China. Children there must learn to depend on each other. So at dressing-up time in a creche all the children stand in a big circle, and each one does up the buttons of his neighbour in front of him."

Exploitation

Whose buttons ought we to be doing up? Dr. Weeratunge, Chairman of the 1974 World Health Assembly, believes it should be those who suffer most from an unhappy human or social environment. In a world getting smaller in technological terms "people are drawing away from each other," he says, "showing complete lack of concern for and understanding of their fellow beings."

The Assembly's report focussed on the inner city and the people who live there. They include the poor, the elderly, those who have migrated from rural areas or from another country, and others whose personality and temperament are hardly adequate to cope with life successfully. They suffer from overcrowded housing, loneliness and impersonal contacts with others, dull repetitive jobs and all the constraints of poverty.

Perhaps the immigrants endure the most, by coming to an alien culture and meeting great problems of language and difficulties in being accepted into the host society.

Jonathan Power quotes a young immigrant woman: "When I first came to Germany I started in S ..... We were many women in one large room. There was <u>tremendous</u> noise. Nobody smiled, nobody talked for we could not hear each other. I was in charge of a big machine which vomited oil and soapy water. All day we stood. When I went home, I did not have the power to say hello to my brother. I went straight to bed.

What does our consumer society do to others? What about the countries from which such workers come to Britain or Europe? Ought we not to be concerned about their national prosperity and their agriculture? Should we not, in short, aim for both justice for the immigrant here and comprehensive farming help to the country whose poverty drove him overseas? Effective action along these lines is the grounds for expecting others to "do our buttons up".

Misused Resources

Not only do we eat too much, but we use our food supplies in the wrong way. In North America each citizen consumes 1900 pounds of grain a year, not all directly but mainly as animal feed to produce meat protein. He doesn't need so much protein. Indeed much of Western man's ill-health stems from over-eating and obesity. By contrast the 400 pounds yearly of the Indian peasant is eaten directly mainly as cereal meals, though it is "no more nourishing than the water and oatmeal of the 19th century Lancashire mill-hand."

For over half a century, fumes have filled our streets

And how do we treat the air we breathe? Dr. R.E. Williams now visits his patients in Central London by bicycle. As he pedals along, overtaking Jaguars in traffic hold-ups, he can reflect that in the last three years he has spared the atmosphere the 1,300,000 litres of carbon dioxide and 300,000 litres of carbon monoxide that his car would have produced. But he is unusual. In the United States at the beginning of this decade pollutants in the air amounted to more than one ton for each citizen. And the motor car is one of the chief culprits.

As to water, everyone knows what has happened to the Rhine, from which 20 million people get their tap water, but the story needs

repeating. 15 million metric tons of waste salts, 50,000 tons of oil, and 90,000 tons of metals are poured into it annually, until it is unsafe to swim in and the eel is the only fish to survive.

Maker's Instructions

Do we not need for everybody's health a fresh style of living which is gentle, concerned for others and dependent on God, whose world it is?

And following this thought, why do we separate health from spiritual wholeness - when other communities do not? The Navaho Indian, as Michael Wilson reminds us, "does not make the distinction between religion and medicine that we do; for him they are aspects of the same thing."

More and more Christians are "following the Maker's instructions," as the pamphlet with a new household appliance would say, and asking God for healing for their friends, while still using modern medical treatment. Doctors, said Francis MacNutt, should pray for their patients that God will do what they cannot do, or do what they can do but do it better and faster and more cheaply! Could we all follow such advice?

What would do most for the happiness and health of mind of those who come to this country as immigrants?

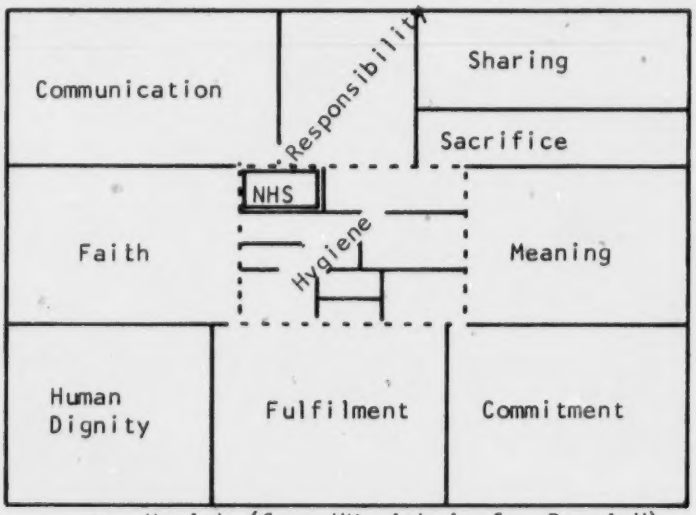
Should the private car be banned in inner cities, in favour of the bicycle and public transport? What arrangements would have to be made if this were to be attempted?

Is it inconsistent for a Christian to pray for recovery from illness and at the same time use modern drug therapy?

What social pressures would have to be considered if a change in our diet were to be generally welcomed rather than suffered by the poorest? How would you attempt to do this?

So what is Health?

Although the preceding nine chapters have not attempted to cover the whole subject of health, they have touched on enough matters to indicate that health is concerned with wholeness, with every part of personal and community life. We have already referred to Dr. Michael Wilson's 'health map' (p. 18), and now we turn to him again for another map.



xi Health (from "Health is for People")

Here health expands to wear a fully human face. It deals with the safeguarding of human dignity, with a just sharing of resources, and with responsibility for one another. In this map the 'hygiene' box is open sided, to show that such sharing and caring can transform a patient's attitude in hospital, or the impact of public health measures on a community.

Reckoning the Cost

A costly concern for others seems to lie at the heart of any adequate concept of health. Sometimes the cost is very high.

In Havana in September 1900, Dr. Jesse William Lazear allowed himself to be bitten by a mosquito laden with the blood of a yellow fever patient to prove that it was indeed mosquitoes which carried the disease. His death a few days later, aged 34, stimulated efforts to eradicate this deadly tropical infection.

Jesus himself "laid down his life for his friends" and for their salvation, and this was not only an effective act it was also an example of caring.

Smallpox has almost been conquered. A disease that disfigures and kills now remains only in a few remote areas of Ethiopia. International cooperation and strenuous endeavour have brought us within sight of complete victory. Dare we hope to overcome all the other problems that stand between us and true health?

Realism and Paradox

Sadly I believe the answer is "No!". The twist in our human nature ensures that the best of schemes will be spoilt by corruption, civil war, the greed of the powerful and the selfishness of the elites.

As a Christian I must be a realist, not expecting any man-made Utopia, but while waiting for the King to return I must do all I can. We must work hard for justice and plan to lift the heavy burdens of preventable disease, hunger and all kinds of handicap as far as possible. Martin Luther King was not deterred by opposition and the slow pace of human betterment, nor is Archbishop Helder Camara in Brazil today. We can do a great deal.

Our efforts must be preceded by hard thinking. We must try to understand health, not so much by analysing and describing it as much as by learning to recognise and encourage it.

When is it right to risk our own health?

What is the relationship between health and suffering? Can health be enjoyed without some experience of pain?

How are we to find health in death and in the process of dying? Death seems to be the unmentionable subject in modern society: a dying patient wrote -

> "The surgeon comes with student retinue,
> Mutters to Sister, deaf to my silent plea.
> I want to tell this dread I feel inside,
> But they are all too kind to talk to me."

Of course such fears are natural and need to be expressed to an understanding person, who can give assurance that pain will be relieved and that one will never be left alone. At these times faith in Christ helps immeasurably.

Death surely brings life to its fulfilment and completes its shape. To me death opens the gate to life eternal, to a new beginning.

So what is health, this wholeness of body and mind and spirit? Is it a part of happiness? Something we can all have a hand in providing? Something to share with others? Something even to sacrifice for ourselves, so as to gain a greater good?

Perhaps it is all this and more, much more.

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